

Name
in
Full

Fanny Mabelle Abell

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 12	Years	Months 10	Days 8
Sex	Female	Color or Race	American		Birth-place	Pisgah Md.
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Charles C. Abell			Father's Birthplace	Charles C. Abell	
Mother's Maiden Name	Rosalie Glodin			Mother's Birthplace	Charles C. Abell	
Name of person giving Information	Rosalie Glodin			How related	Mother	

CAUSES OF DEATH

105

How long

1 day

How long

Primary

Acute Gastro Enteritis

Immediate

Cardiac & Pulmonary Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo. C. Bichell,
Pisgah, Md.

Accident or Suicide?



Name
in
Full

Agnes Louisa Barnes —

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Years	Months	Days
Sex	Female	7	17	Age 4	—	—
Occupation	—	Color or Race	Colored	Birth-place	—	Ind
Married, Single or Widowed		Where Residing if not at place of death				
Father's Name	oscar Barnes			Father's Birthplace	Ind	
Mother's Maiden Name	Mary E Taylor			Mother's Birthplace	Ind	
Name of person giving information		oscar Barnes			How related to deceased	father

CAUSES OF DEATH

Primary

Typhoid Fever. Spinal Meningitis

How long

8 weeks,

Immediate

Contusions.

How long

8 days

PHYSICIAN
OR CORONER

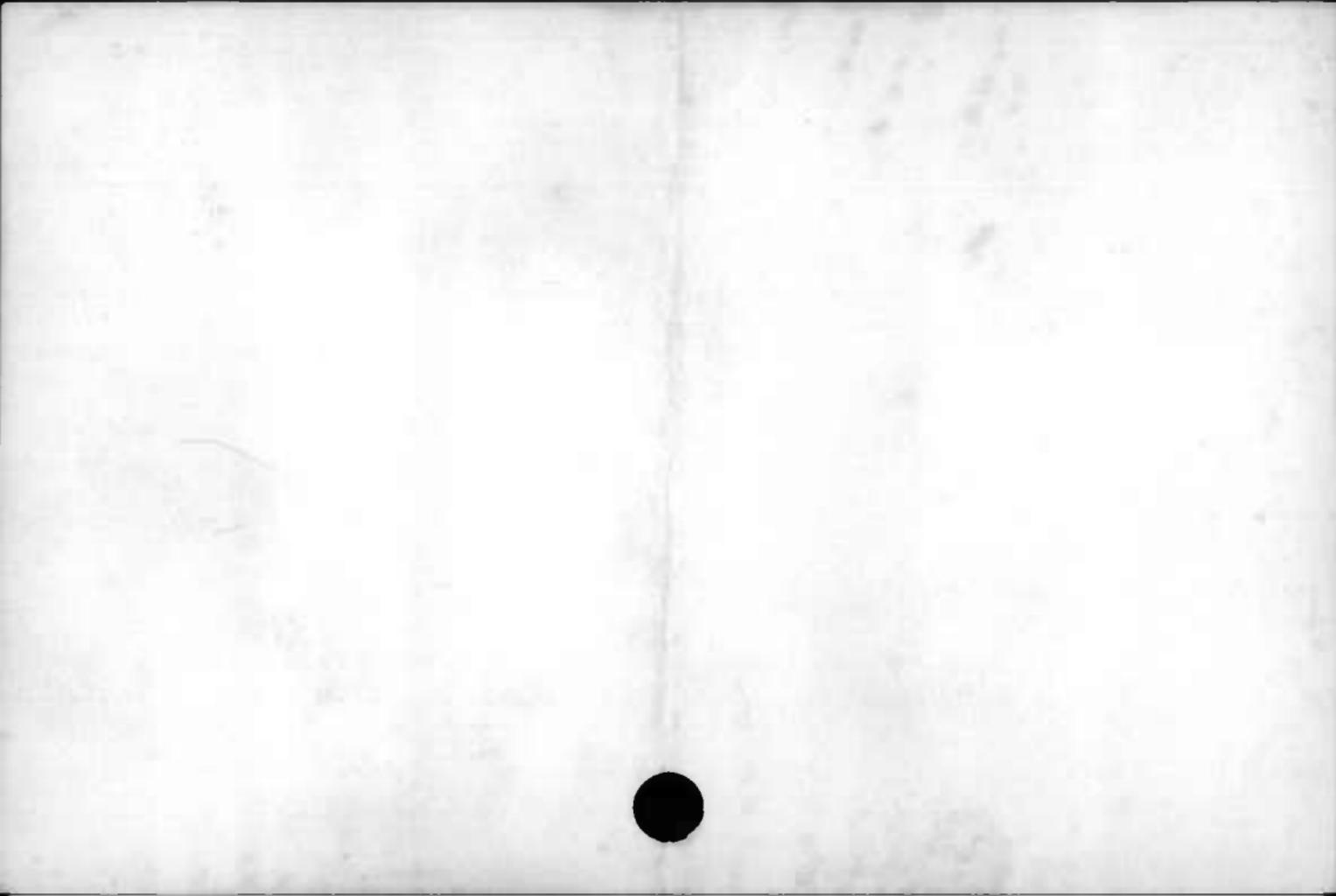
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. L. Hannon
La Plata

Accident or Suicide?



Name
in
Full

Mary Stewart. Burch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Pot Tobacco		Charles	Months	Days
Date of death	Month	Day	Years	
1907	Jan	26	About 45	
Sex	Female	Color or Race	White	Birth-place
Occupation	Post-mistress	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	E. E. Burch	
Father's Name	Thomas. Welch	Father's Birthplace	Chas. Co. Md	
Mother's Maiden Name	Mary Stewart	Mother's Birthplace	" " "	
Name of person giving information	E. E. Burch	How related to deceased	Husband	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	
Immediate	Collapse with heart failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Geo. T. Diggles Post. Tobacco - Md	

Bird 26 Jan

Name

John Choice

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Town	County				
Died at Pennsylvania	Colerille	MARYLAND			
Date of death 1907	Month July	Day 8	Years 73	Months	Days
Sex Male	Color or Race Colored	Birth-place Chis. Co. Md.			
Occupation Farmer	Where Residing if not at place of death At place of death				
Married, Single or Widowed Married	Name of Wife or Husband Martha Stoddard				
Father's Name Sam'l. Choice	Father's Birthplace Chis. Co. Md.				
Mother's Maiden Name Mary Smith	Mother's Birthplace Ashburn				
Name of person giving information John Choice Jr.	How related to deceased Son				

CAUSES OF DEATH

64

How long

How long

Primary

Infectious intestinal Bephticid 8 Years

Immediate

Cerebral Hemorrhage 6 days

Are the name, age, sex, color, date and place correctly given above?

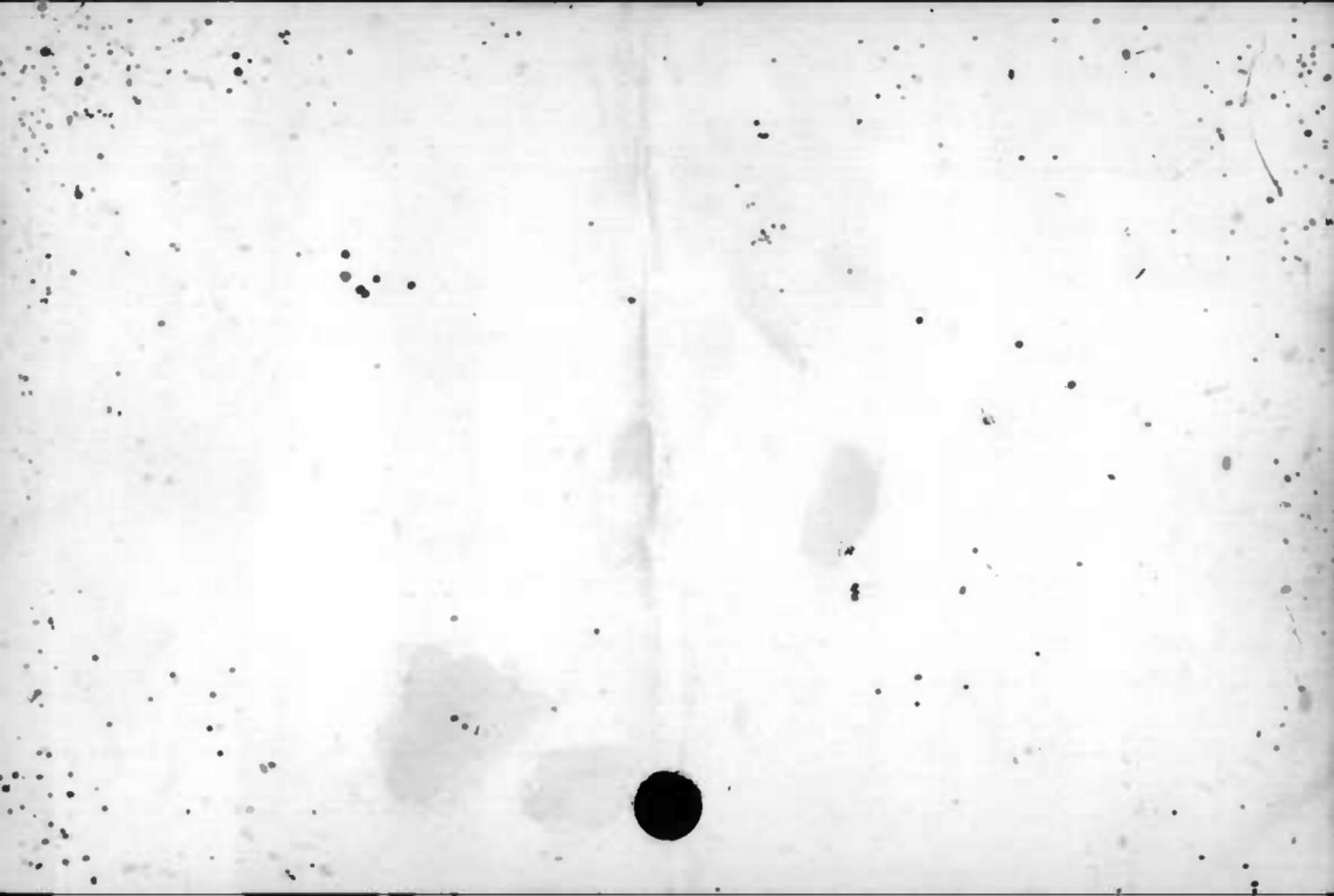
Signature of Physician

Address

J. W. Mitchell

Accident or Suicide?

Yes -
NoPrivately
not



Name
in
Full

William B. Cullen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Brookley

County
Ches

MARYLAND

Date
of death

1907 July

Month

24 Day

Years

Months

Days

Age

9

7

Sex

Male

Color or
Race

Dark

Birth-
place

Brookley

Occupation

Where Residing if not
at place of death

at Home

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Walter Cullen

Father's
Birthplace

Brookley

Mother's
Maiden Name

Mary Weishenow

Mother's
Birthplace

Brookley

Name of person giving
Information

Walter Cullen

How related
to deceased

Father

CAUSES OF DEATH

Primary

Stroke

179

How long

24 hours

Immediate

Stroke

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

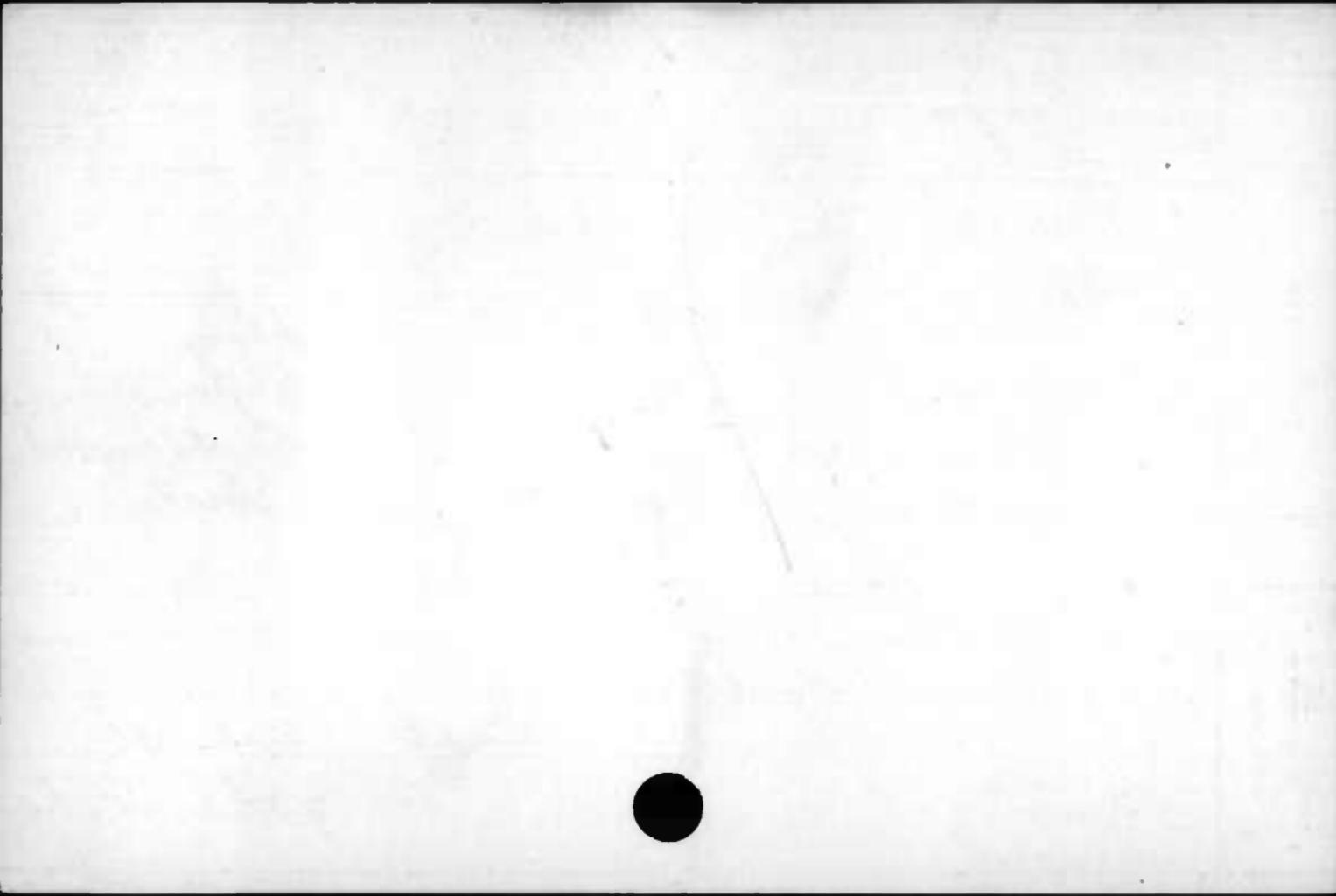
Address

John P. Marshall
Sub Rg

PHYSICIAN
OR CORONER

Accident or Suicide?

910



Name
in
Full

Carrie Genevieve Compton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Pisgah	Charles			
Date of death	Month	Day	Years	Months	Days
1907	July	9	34		
Sex	Female	Color or Race	American	Birth-place	Charles Co. Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Benj. B. Compton		
Father's Name	Daniel J. Braguerier		Father's Birthplace	Dayton, Ohio.	
Mother's Maiden Name	Margaret S. Bowie		Mother's Birthplace	Charles Co., Md.	
Name of person giving information	Sarah A. Carpenter		How related to deceased	Sister	

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary

Childbirth - Nephritis

How long

1 month

Immediate

Hemorrhage

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

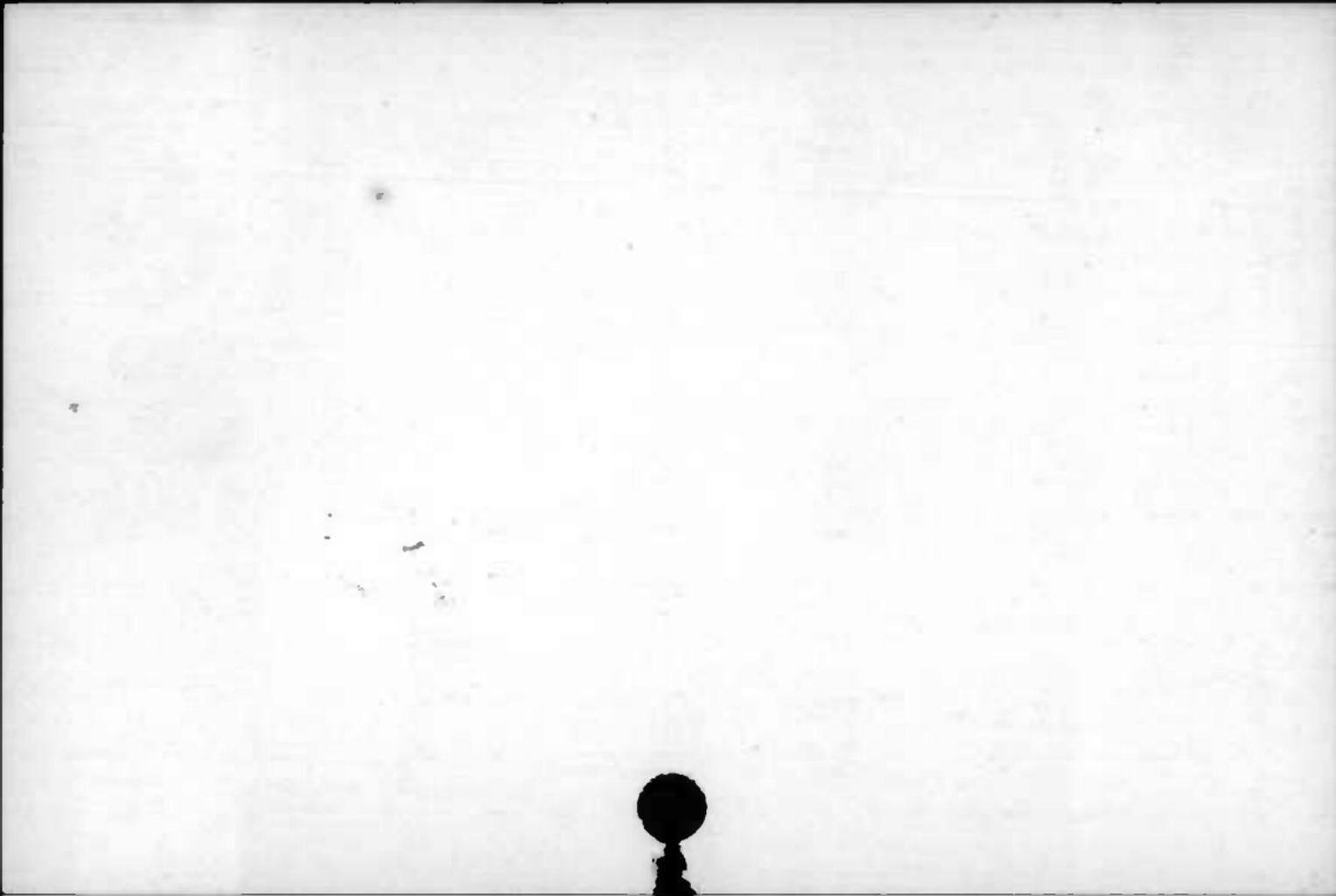
Signature of Physician

Geo. C. Bricknell

Address

Pisgah, Md.

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name		Marie Curtis		County		Charles -	
Died at		Town		County		Charles -	
Date of death		Month	Day	Years	Months	Days	
1907		7	16	21	-	-	
Sex		Color or Race	African		Birth-place	Md -	
Female							
Occupation				Where Residing if not at place of death		Md -	
Wife							
Married		Name of Wife or Husband		Francis Curtis			
Married		Francis Curtis					
Father's Name		Richard Middleton		Father's Birthplace		Md -	
Mother's Maiden Name		Christie Butler		Mother's Birthplace		Md	
Name of person giving information		Alfred Butler		How related to deceased		Brother	

CAUSES OF DEATH

130

Primary

Bright's Disease

How long

18 months

Immediate

Chronic Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

G. C. Chisholm A.D.

Address

Wrightsville

Md -

Accident or Suicide?



John A. Farmer

107

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month July	Day 24	Years —	Months 3	Days —	
Sex	Male	Color or Race	Black	Birth-place	Died		
Occupation	—		Where Residing if not at place of death	—			
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	Edward Farmer		Father's Birthplace	2nd			
Mother's Maiden Name	Ellen R Briscoe		Mother's Birthplace	Mid			
Name of person giving Information	Ed. Farmer		How related to deceased	Father			

CAUSES OF DEATH

179

How long

2 weeks

1 day

Primary

Marasmus

Immediate

Hans Farmer

How long

Are the name, age, sex, color, date and place correctly given above?

y

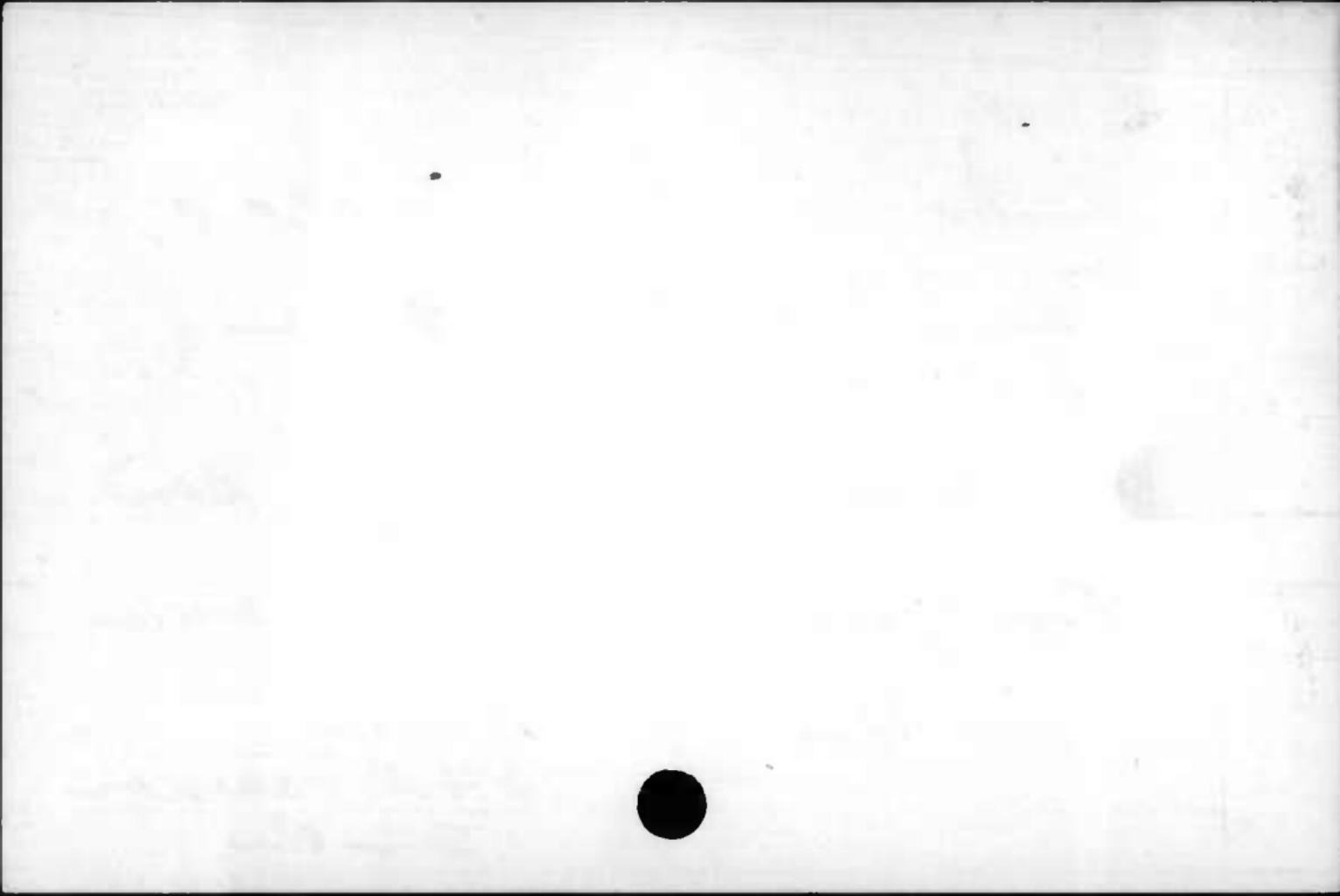
Signature of Physician

H. C. Chapman M.D.

Address

Highview Avenue

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>McConaughay</u>		Town	County <u>Chas.</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>7</u>	Day <u>6</u>	Age <u>77</u>	Years <u>77</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Chas. C. M. & D.</u>					
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Clem Fonda</u>						
Father's Name <u>Unknown</u>	Father's Birthplace <u>Star City, Chas. Co. Ind.</u>						
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>Chas. Co. Ind.</u>						
Name of person giving information <u>James A. Fonda</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

(66)

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

None

Address

W. T. Brauner
Sub Ray

Accident or Suicide?

W. J. Browne

Name
in
Full

John S. Gibbons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race	Birth-place		Ned			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Lithuania					
Father's Name	Name Academy						
Mother's Maiden Name	Name Academy						
Name of person giving information	Mrs. Gus Smooth						

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Hemiplegia

How long

2 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

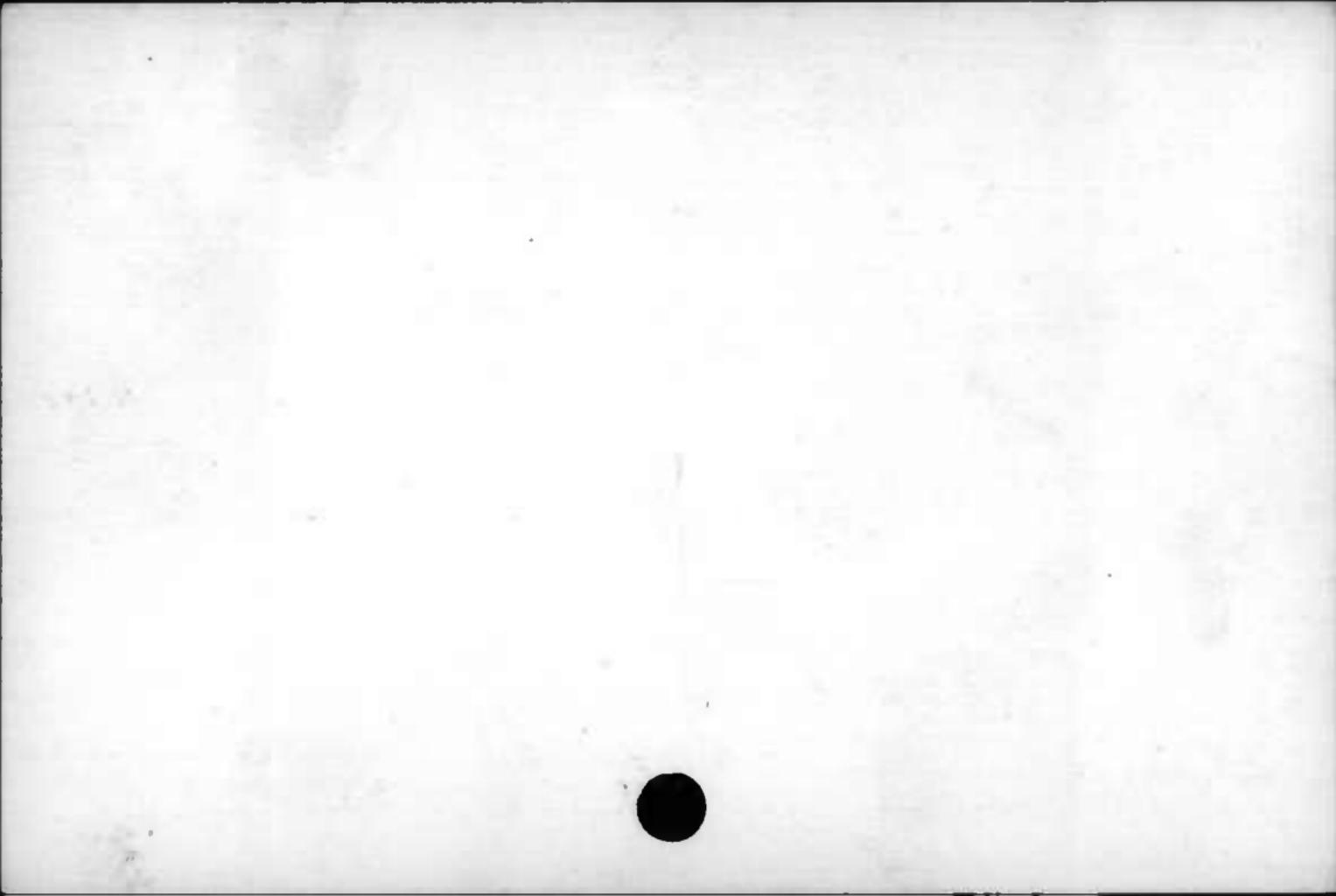
yes

Signature of
Physician

Address

J. C. Compton
729 Madison
Ave

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

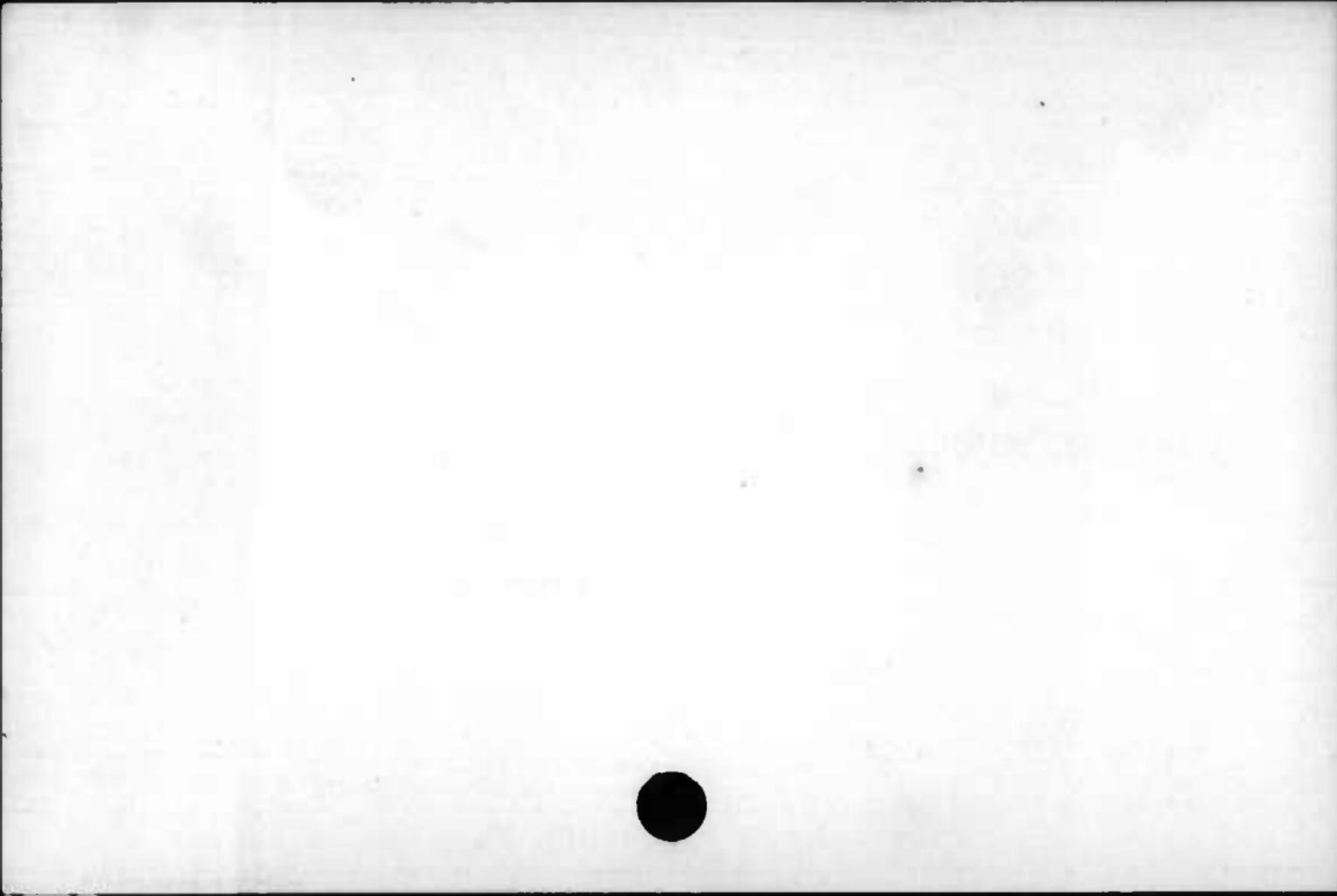
John William Gray		Town		County		MARYLAND		
Died at	Baltimore	Month	July	Day	31	Years	65 (?)	
Date of death	1907	Month	July	Day	31	Age	65 (?)	
Sex	Male	Color or Race	Colored	Birth-place	Washington, D.C.			
Occupation	Farmer	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Dapie Gray					
Father's Name	John Watson	Father's Birthplace						
Mother's Maiden Name	Milly Gray	Mother's Birthplace						
Name of person giving information	Mary Gray	How related to deceased						
CAUSES OF DEATH								
Primary	Gunshot Wound							
Immediate	Tetanus							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		72				
				How long				
				2 weeks				
				How long				
				3 days.				



Accident or Suicide?

Accident





Norvalle Henderson

CERTIFICATE OF DEATH

Died at <u>near Grayton</u>		Town <u>Chadley</u>	County <u>MARYLAND</u>
Date of death <u>1907</u>	Month <u>July</u>	Day <u>23</u>	Years <u>5</u> Months <u>"</u> Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>	
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>	Father's Birthplace <u>md</u>	
Father's Name <u>Ernest W. Henderson</u>	Mother's Maiden Name <u>Lottie Monroe</u>	Mother's Birthplace <u>md.</u>	
Name of person giving Information <u>E.W. Henderson</u>	How related to deceased <u>grandfather</u>		

CAUSES OF DEATH

Primary

Cholera infantum

105

How long

- One or two days

Immediate

Bottle fed

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. 96 Speare Inn
Grayton

Accident or Suicide

S.B. first saw child about an hour before



Name
in
Full

Kassie Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

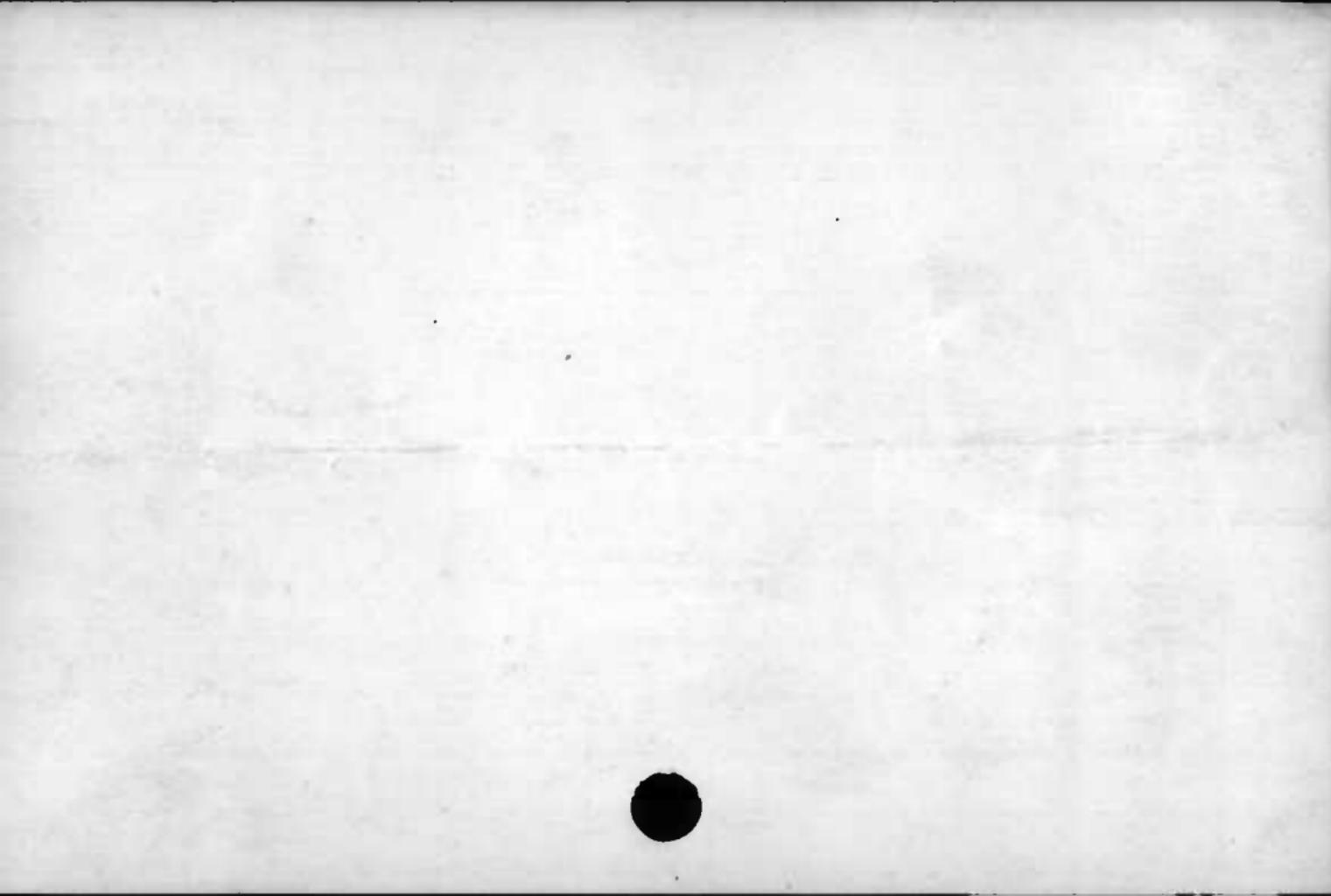
PHYSICIAN
OR CORONER



Town	Dunbar			County	Anne Arundel	
Died at	Month	Day	Years	Months	Days	
Date of death	1907	July	8	Age	61	—
Sex	Female	Color or Race	Black	Birth-place	Md	
Occupation	Housekeeper			Where Residing if not at place of death	—	
Married, Single or Widowed	Married	Name of Wife or Husband	John Johnson	Father's Birthplace	Md	
Father's Name	Matthew	Johnson	Speciale	Mother's Birthplace	Md	
Mother's Maiden Name	Mary	Duckett	Johnson	How related to deceased	Son	
Name of person giving information	Kassie Johnson			79	How long	

CAUSES OF DEATH

Primary	Initial Regurgitation			How long	6 mo
Immediate	Heart Failure			How long	3 day
Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Hezekiah Johnson
				Address	Highland Avenue
Accident or Suicide?					



Name
in
Full

Robert Loy Jr

CERTIFICATE OF DEATH

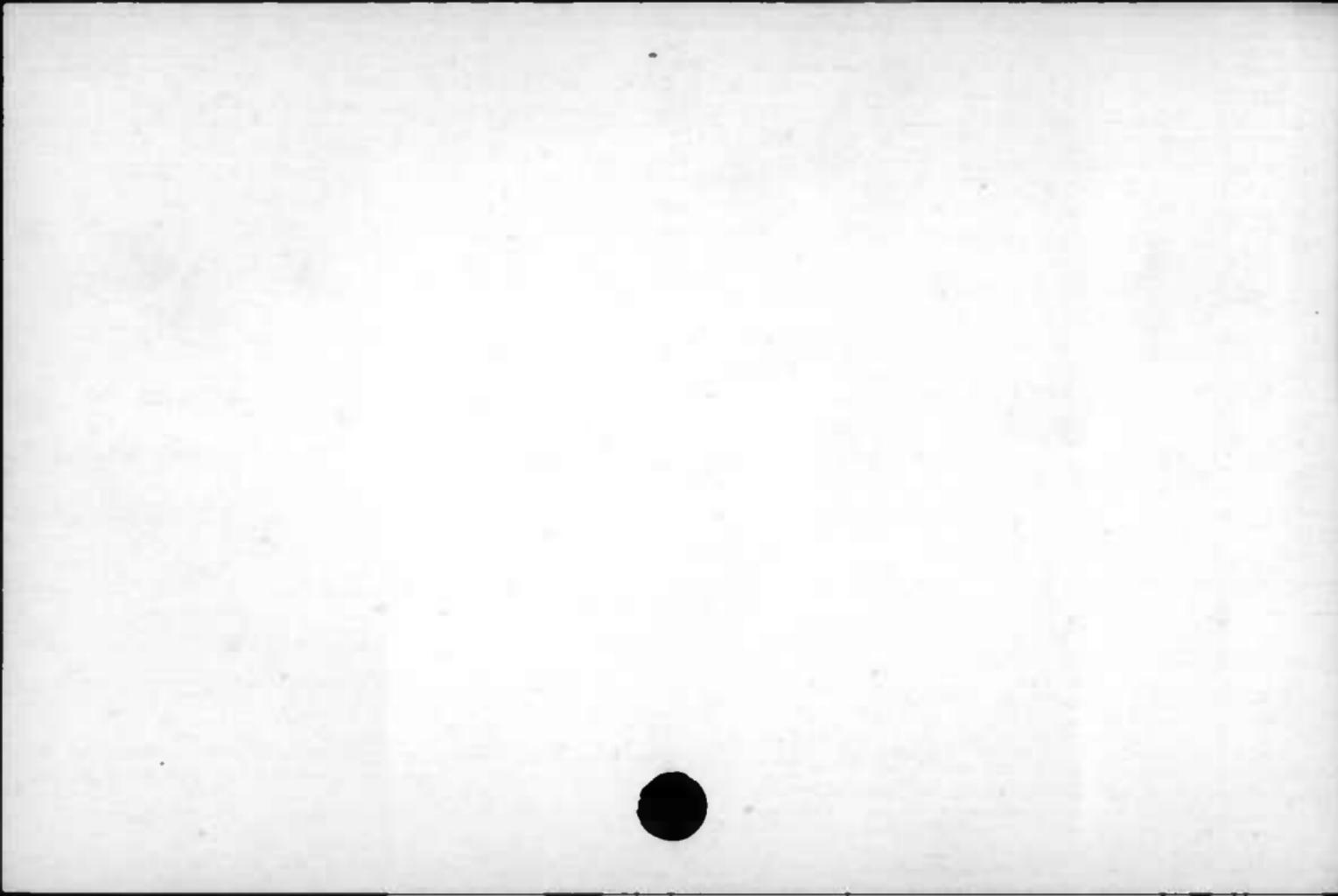
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Benedict	Benedict		Benedict		Benedict	
Date of death	Month	Day	Years	Months	Days	
1907	7	21	—	2	21	
Sex	Color or Race		Birthplace			
Male	Colored		Benedict			
Occupation	Where Residing if not at place of death					
Infant						
Married, Single or Widowed	Name of Wife or Husband					
—	—					
Father's Name	Robert P. Loy					Father's Birthplace
Mother's Maiden Name	Mary Estep					Mother's Birthplace
Name of person giving Information	John R. Loy					How related to deceased
Benedict Benedict Uncle						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera in a random (105)		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	
		Address	Jno 116 Hapspear
Accident or Suicide?	no		



Name
in
Full

Wor. Marshall

Town

Marshall

County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Bury

Month

Day

Years

Months

Days

MARYLAND

Date
of death 1907

July

Age

—

—

—

Sex

Male

Color or
Race

Colored

Birth-
place

Bur

Married, Single
or Widowed

—

Occupation

Name of Wife or
Husband

—

(S)

Father's
Name

Thomas Marshall

Father's
Birthplace

Bur

Mother's
Maiden Name

Leanne Long

Mother's
Birthplace

Long

Name of person giving
Information

Thomas Marshall

How related
to deceased

son
father

CAUSES OF DEATH

Primary

Still Born

(S)

How long

—

Immediate

—

How long

Are the name, age, sex, color, date
and place correctly given above

Yes

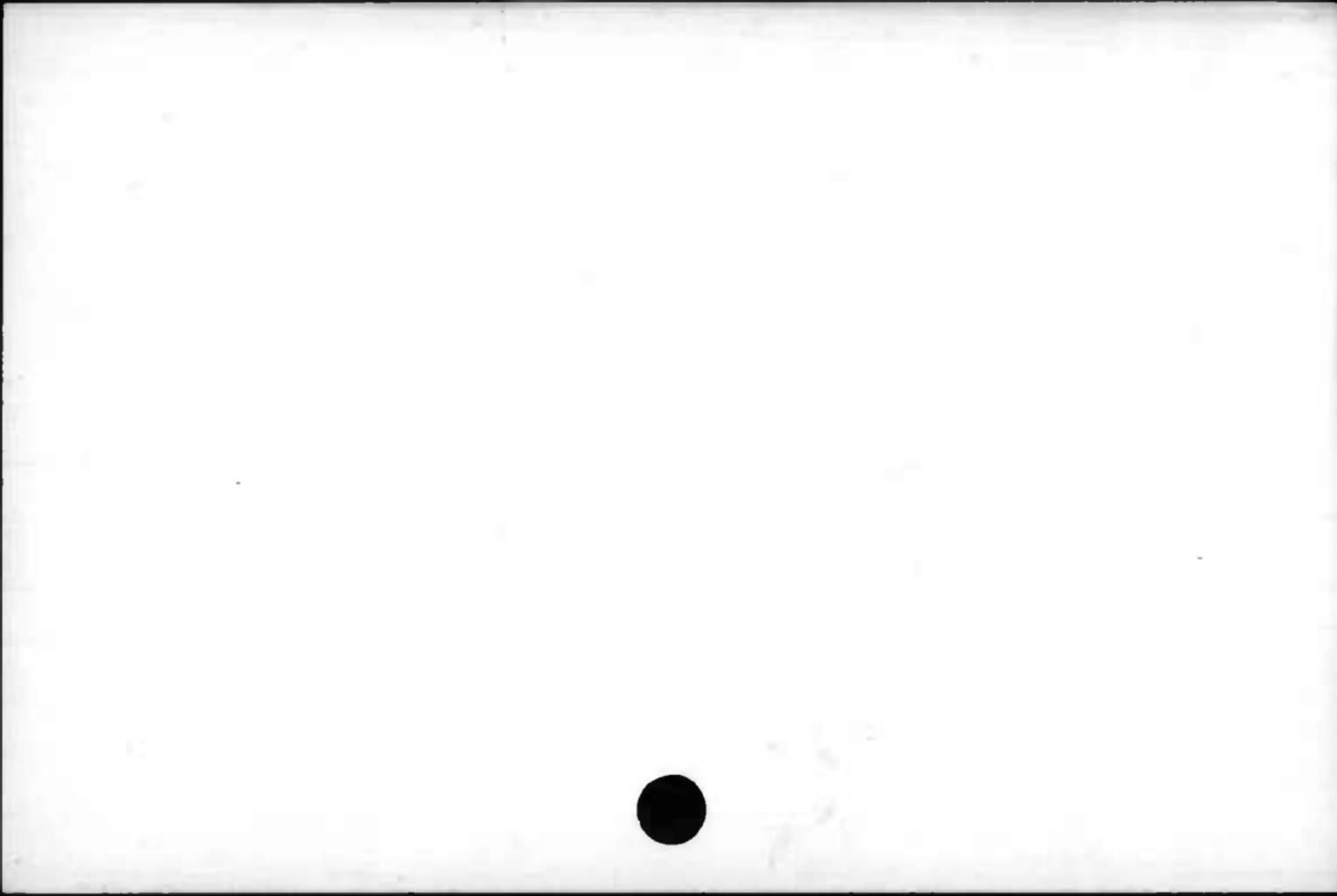
Signature of
Physician

Address

G. O'Donnell
Ward of
Ward

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Not married

Middleton

CERTIFICATE OF DEATH

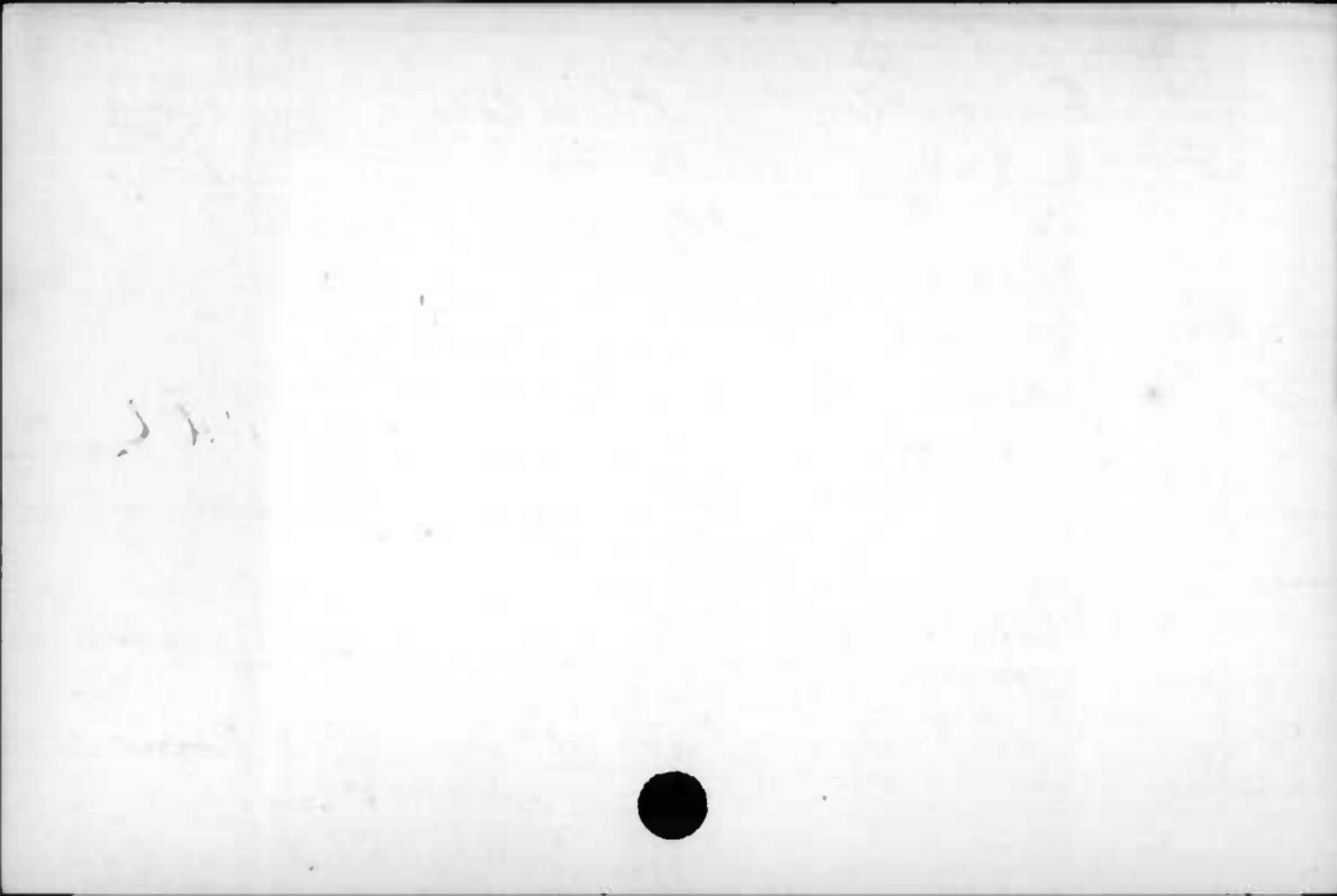
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 30	Years —	Months —	Days —
Sex	Male	Color or Race	White	—	Birth-place	Ind
Occupation	—	Where Residing if not at place of death				—
Married, Single or Widowed	—	Name of Wife or Husband				—
Father's Name	J. A. Middleton					(S)
Mother's Maiden Name	Laura Hofmash					Ind
Name of person giving information	J. A. Middleton					West Va Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	(S)	How long	—
Immediate	—	(S)	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. O. Munroe	
		Address	Salisbury Ind	
Accident or Suicide?				



Name
in
Full

Robert Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

near Died at	Town Doncaster	County Charles	MARYLAND		
Date of death 1907	Month July	Day 13	Years Age 80	Months	Days
Sex Male	Color or Race White	Birth- place And			
Occupation Sailor	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Priscilla ^{W.} Skinner	Father's Birthplace And			
Father's Name Robert Thomas Saunders	Mother's Maiden Name Unknown	Mother's Birthplace And?			
Name of person giving Information Milton Perry	How related to deceased Son in Law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old aged and	154	How long about 3 weeks
Immediate General weakness		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician James P. Wheeler	
	Address Sub. Registrar Grayton, P.O.	
Accident or Suicide? ✓	LIBRARY BUREAU 488616	



Name
in
Full

Rufus Greagsby sidler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	July	28	—
Sex	Color or Race	Age	Months
Male	white	—	27
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	none	
Singled	none	none	
Father's Name	Father's Birthplace		
George W Sidler	Chas. Co Md.		
Mother's Maiden Name	Mother's Birthplace		
Sarah J Johnson	Chas. Co Md		
Name of person giving Information	How related to deceased		
Alice V. Sidler	Grand Mother		

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary

died of natural causes according

Immediate

to best information obtainable

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

no physician in attendance

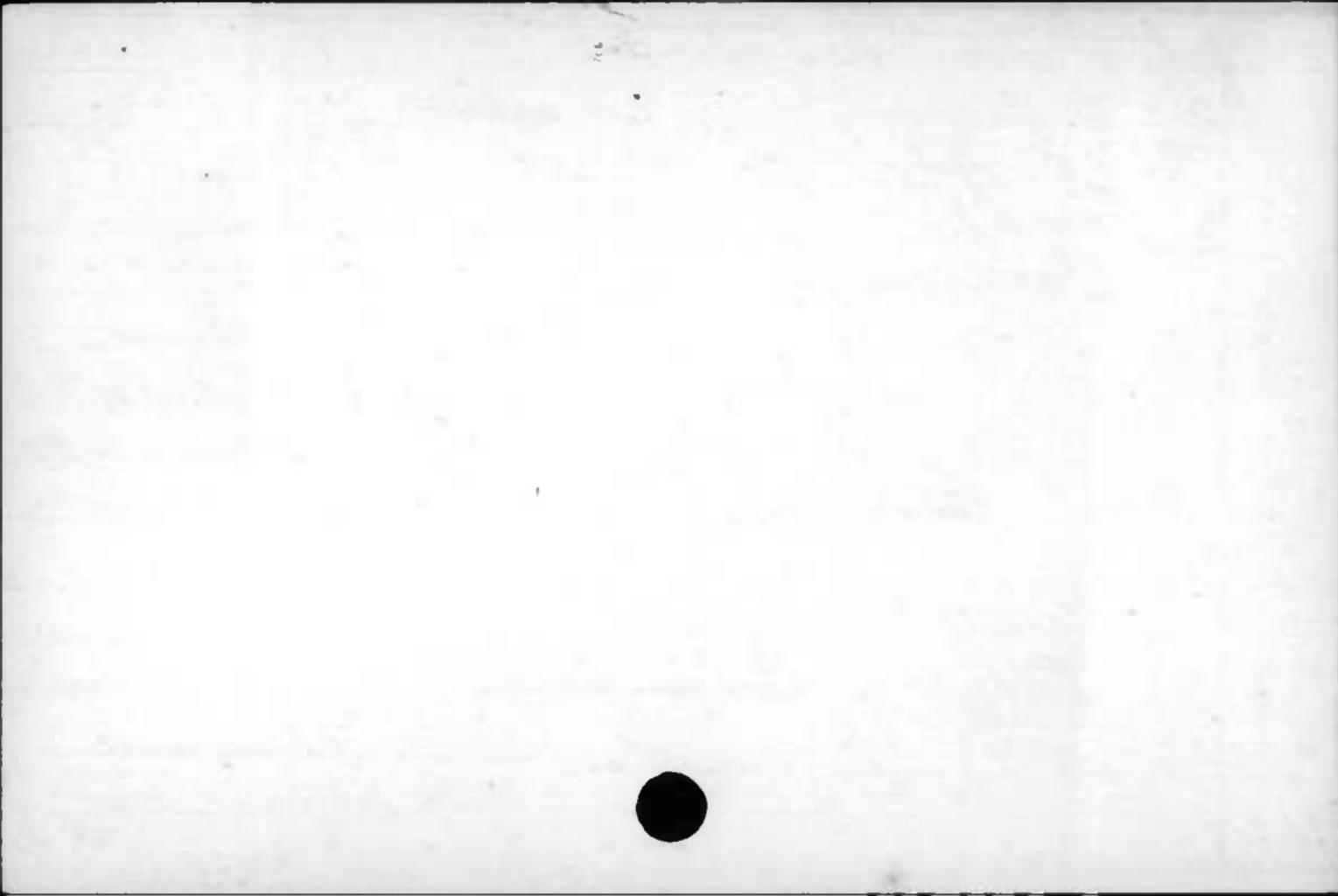
Address

Chas. A Carpenter

Sub Register

Pisgah Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Julia Ann Smallwood,

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	29	Birth-place	Charlottesville, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William Smallwood			
Father's Name	Joseph Swann				
Mother's Maiden Name	Ann Dorcey				
Name of person giving information	Churchill Hart				
CAUSES OF DEATH					
Primary	Acute Nephritis				
Immediate	Puerperal Eclampsia				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. C. Bicknell,		
		Address	Pisgah, Md.		

138

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

How long

1 month

Immediate

Puerperal Eclampsia

How long

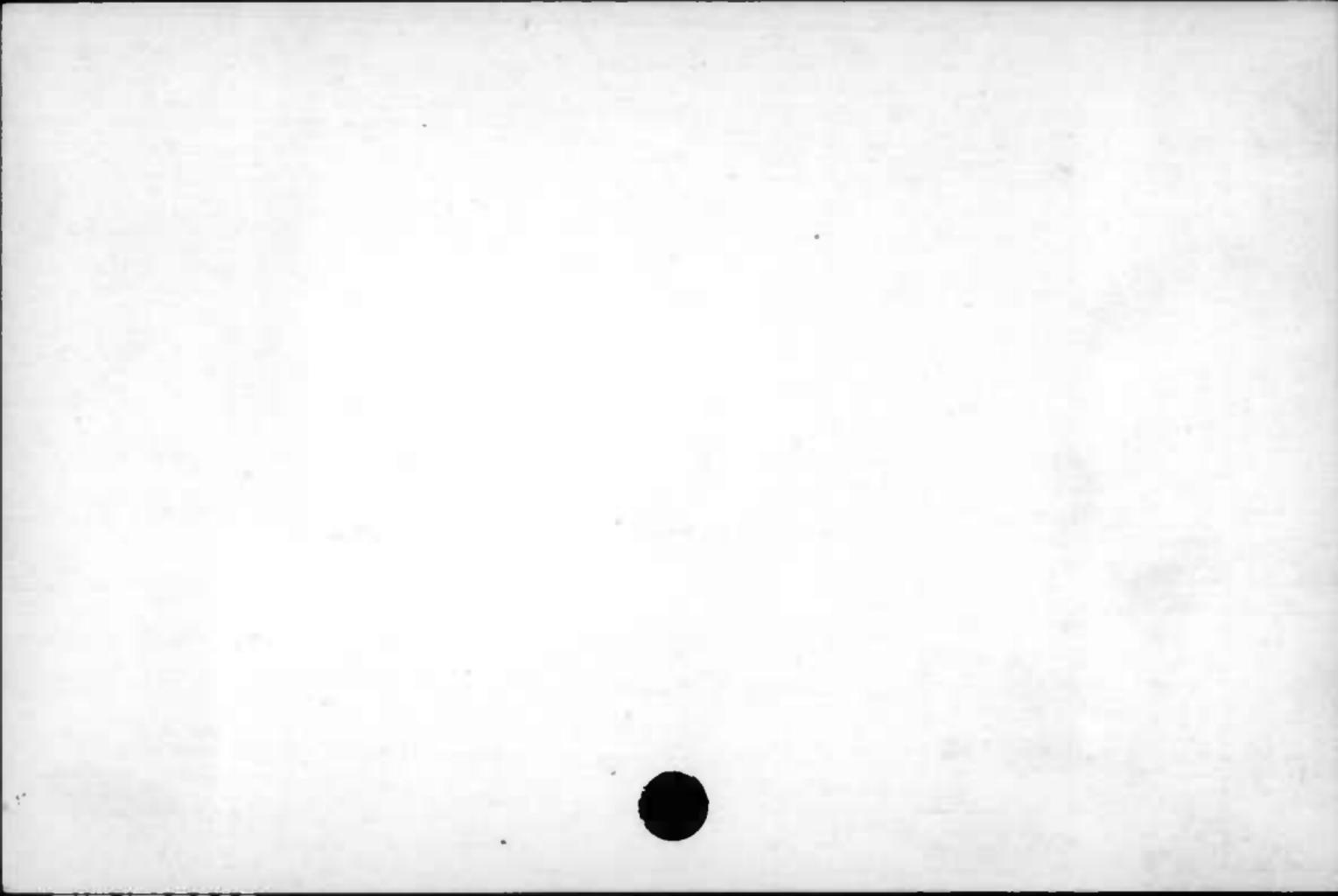
24 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Accident or Suicide?



Name
in
Full

No Name Smallwood
Town Charles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Prison	Month July	Day 29	Years	Months	Days 21
Date of death 1907	Sex Female	Color or Race collard	Birth-place charles co Md.	Occupation none	
Where Residing if not at place of death			~		
Married, Single or Widowed Singled	Name of Wife or Husband	none	Father's Name	Father's Birthplace	Mot.
Mother's Maiden Name Julian Swann			Mother's Birthplace	Mother's Birthplace	Mot.
Name of person giving information Joseph Smallwood			How related to deceased	uncle	

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary Died of natural causes according to

Immediate Best information obtainable

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

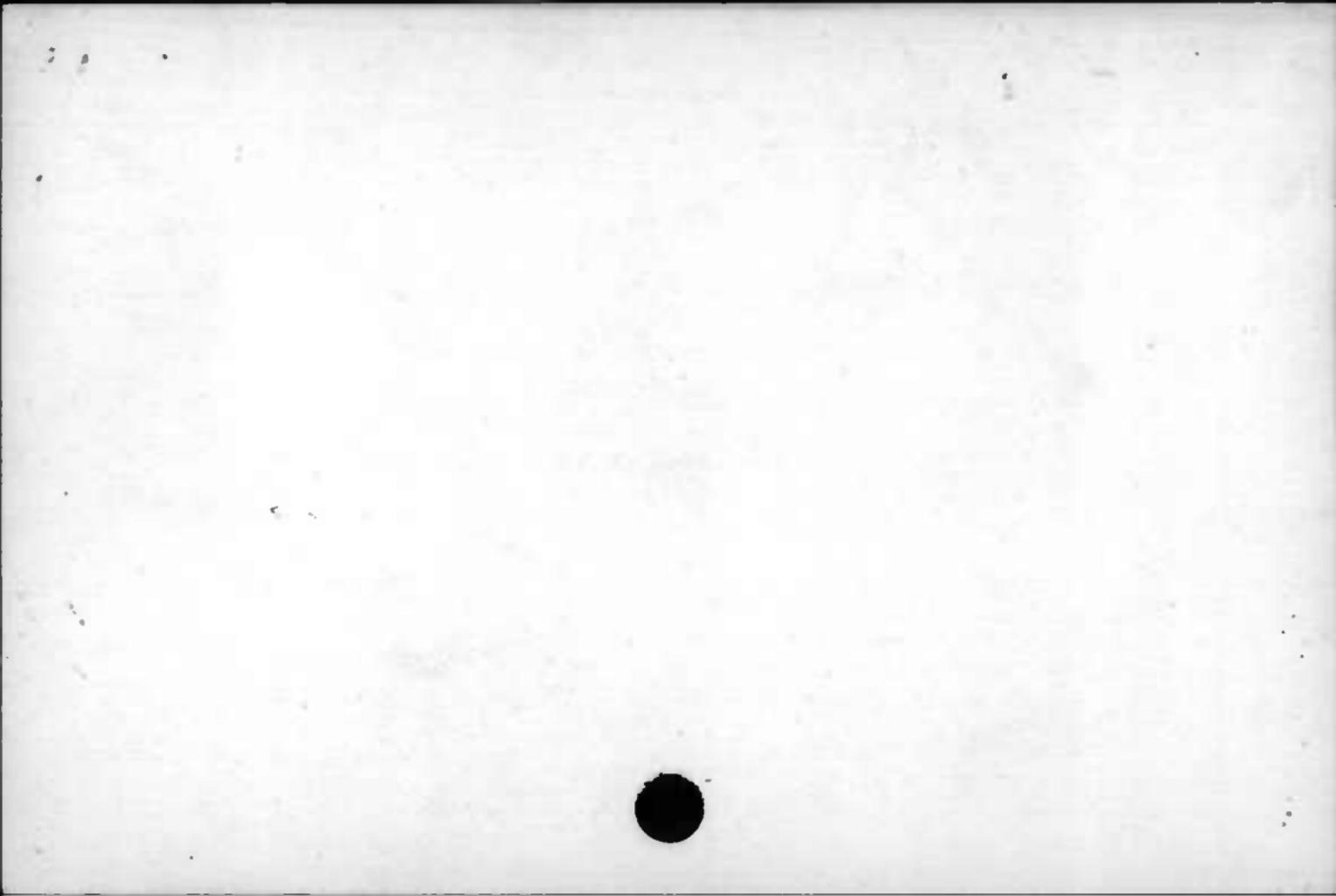
Address

No Physician in attendance

Charles S Carpenter

Sub Registerer Pizah Md.

Accident or Suicide?



Name
in
full

Albert Sheade

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Where Residing if not at place of death					
Occupation	Name of Wife or Husband						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	George Sheade					Father's Birthplace	
Mother's Maiden Name	Alice Preller					Mother's Birthplace	
Name of person giving information	George Sheade					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fracture

151

How long

8 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

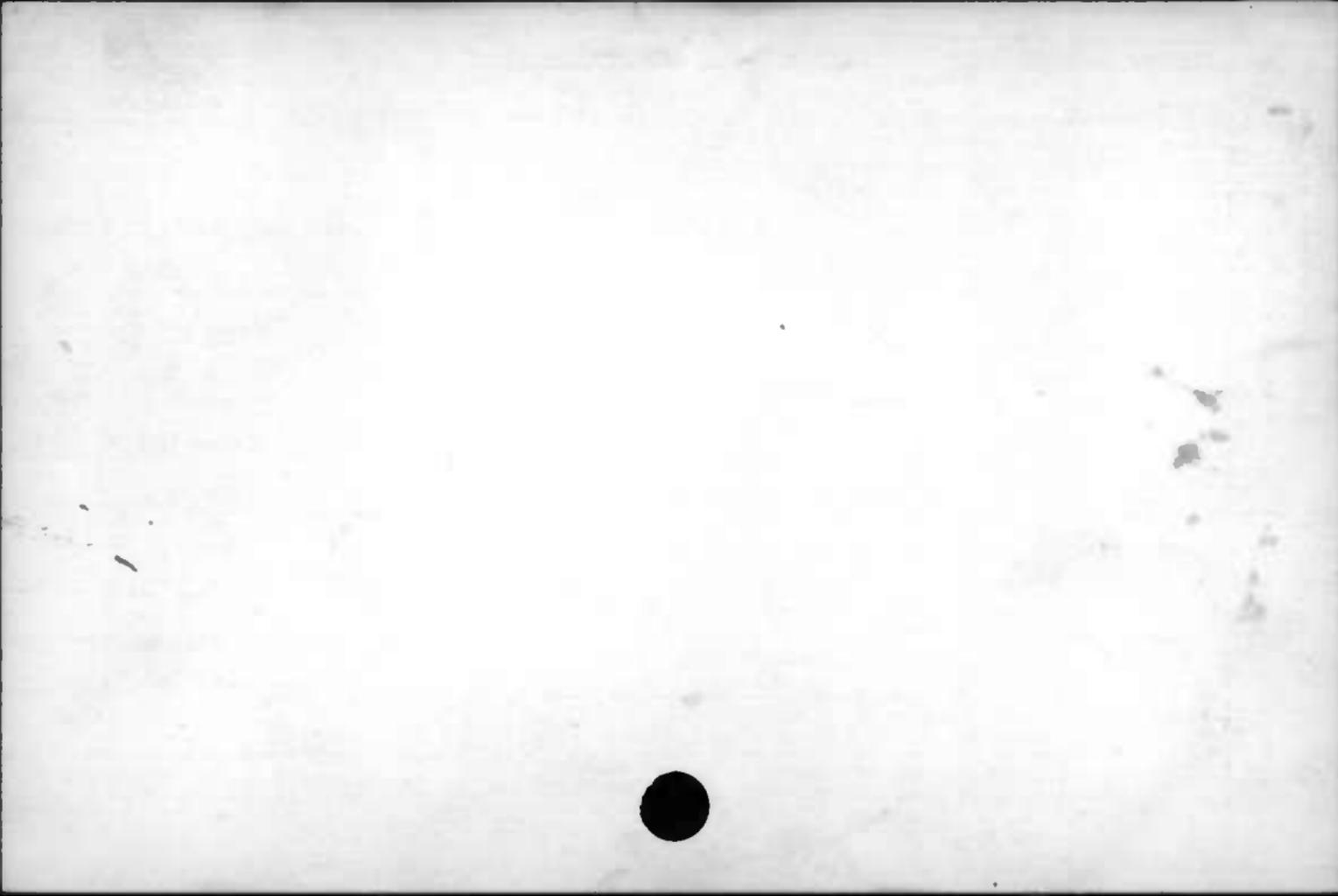
zly

Signature of Physician

Address

J. B. Crossidell,
Bryantwood

Accident or Suicide?



Name
in Full

Mary Ruth Stuart

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Baltimore		Charles			
Date of death 1907	Month July	Day 28 th	Years 54	Months 3	Days 4
Sex Female	Color or Race Caucasian	Birth-place Charles Co			
Occupation House Keeper	Where Residing if not at place of death				
Married, Single or Widowed Widow	Name of Wife or Husband R. Henry Stuart				
Father's Name George Dent			Father's Birthplace Charles Co		
Mother's Maiden Name Sophia Ashton			Mother's Birthplace Washington D.C.		
Name of person giving information George Dent	How related to deceased Brother				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Cerebral Gastro		How long 4 years
Immediate	Malnutrition		How long 8 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J.W.	Address Elspina Baltimore Chas. C. Wood
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Susanna Washington

County

MARYLAND

Died at

Town

Date

Month

Day

Years

Months

Days

of death 1907 July

31

40

Sex

Female

Color or
Race

Colored

Birth-
place

Charles Co. Md.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sus. Washington

Father's
Name

Wm. B. Gray

Father's
Birthplace

Charles Co. Md.

Mother's
Maiden Name

Mary Chinn

Mother's
Birthplace

Charles Co. Md.

Name of person giving
Information

Wm. C. Delozier

How related
to deceased

None

CAUSES OF DEATH

120

How long

3 mos

Primary

Encephalitis (nephritis)

How long

30 days

Immediate

Arthnia

Signature of
Physician

Geo. C. Bicknell

PHYSICIAN
OR CORONER

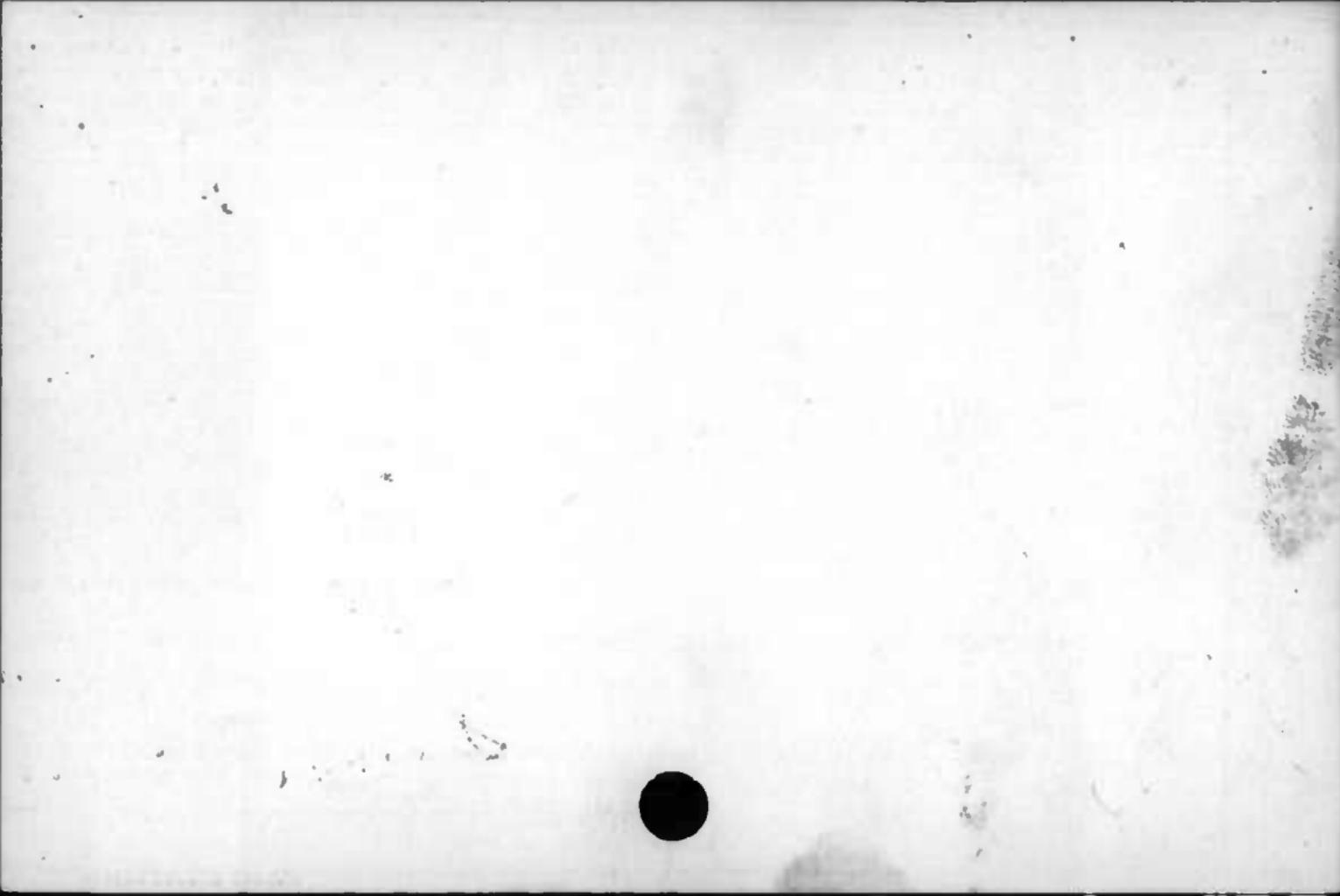
Are the name, age, sex, color, date
and place correctly given above?

Yes

Address

Prayah, Md.

Accident or Suicide?



Name
in
Full

Amanda Whalen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month July	Day 9	Years 14	Months 10	Days 27
Sex	Female		Color or Race	Colored	Birth-place	Clear Co Md
Occupation	House Girl		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband		St Mary's Co Md	
Father's Name	Samson Whalen		Mother's Birthplace		Clear Co Md	
Mother's Maiden Name	Elizabeth Warren		Mother's Birthplace		Brother	
Name of person giving information	Aaron Whalen		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		27	about 6 mos
Immediate	Arthritic et Cardiac Comp		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. L. Cecil MD,	
		Address	Wicomico Md	
Accident or Suicide?				

